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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)			
FY 2008			Intel 2207/17051			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/748,284			Filed December 29, 2003			
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Art Unit 2193				Examiner Loren B. Chauhan		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
		Fee	Small E	ntity Fee		
⊠ (One month (37 CFR 1.17(a)(1))	\$120		\$60	\$ <u>120.00</u>	
_ ·	Two months (37 CFR 1.17(a)(2))	\$460	\$	230	\$	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$	525	\$	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$	820	\$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1	115	\$	
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.						
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
Deposit Account Number: 11-0600.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ☐ applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
□ attorney or agent of record. Registration Number: 54,204						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
/Jeffrey R. Joseph/			March 17, 2008			
Signature			Date			
Jeffrey R. Joseph			(408) 975-7500			
Typed or printed name			Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
☐ Total of <u>1</u> forms are submitted.				S.	J01 118911 v1	

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USF*TO to process) an application Confidentiality is governed by 33 U.S. C. 122 and 37 CFR 1.11 and 1.14. This USF*TO. The will vary depended to lace 8 minutes to complete, including guidening, preparing, and submitting the completed application form to the USF*TO. Time will vary depending upon the including guidening preparing, and submitting the completed application form to the USF*TO. Time will vary depending upon the included value as Any comments on the amount of time you require to complete this form and/or of commence PO to Box 1450. Alexandria, VA 22313-1450, DO NOT SEND TESS OR COMPLETEO CRISS TO THIS ADDRESS SEND TO. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-1409-PTP-0-199 and select colors.